

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 106800001		CITY OR TOWN	SANDISFIELD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	FAMILY VENTURE	ES UNLIMITED,	INC.		
DOING BUSINESS	A NEW BOSTON IN	N			
ADDRESS JCT. RT	E 57 & 8				
CITY/TOWN: SAN	NDISFIELD	STATE: MA	ZIP CODE:	01255	
	ORIO, TYPE RBARA R.	E OF LICENSE: In	nholder C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
	RANCE HALL, LIVING IAIN DINING ROOM,		DINING RM. AND	BATH, MAIN	
I hereby certify and	swear under penalties o	f perjury that:			
	ved license will be of th	• 1	1		
	see has complied with a		•	o taxes; and	
3. the premi	ises are now open for b	usiness (If not expl	ain below)		
SIGNED BY:	Individual Darkson	n Authorized Com	Off and		
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NIIIMDED.	EMPLOYEI	R IDENTIFICATION NUMBER:	
	TELEFHONE	NUMBER.	(Note: NOT Individual Social Security Number)		
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:	•)				
(If disapproved expl	By:				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1068	00005	CITY OR TOWN SANDIS	FIELD	
APPLICATION FOR REN	LICENSED FOR	ED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: MUF DOING BUSINESS A NE ADDRESS RTE 8				
CITY/TOWN: SANDISFI	IELD STATE: M	IA ZIP CODE: 01255		
			7. 411 4111	
MANAGER:	TYPE OF LICENSE	Package Store CATEGORT	: All Alcohol	
EMAIL ADDRESS:	ALSO VISIT OUR WEBSITE AND ENTER YO	UD PMAH, ADDRESS		
DESCRIPTION OF LICEN		UK EMAIL ADDRESS		
ONE ROOM ON GROUNI				
I hereby certify and swear u	under penalties of perjury that:			
SIGNED BY:	now open for business (If not e			
indi:	radial, Farmer of Fidulionized Co	orporate officer		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY	
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 106800006		CITY OR TOW	N SANDISTI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MIRADIJE KLENJA				
DOING BUSINESS	A VILLA MIA				
ADDRESS 90 SOUT	TH MAIN STREET				
CITY/TOWN: SAN	IDISFIELD	STATE: MA	ZIP CODE:	01255	
MANAGER: KLEI MIRA	NJA, TYPE (ADIJE	OF LICENSE: Rest	aurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	5:			
3. the premis	ee has complied with all ses are now open for bus		•	g to taxes; and	
SIGNED BY:	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in I by the building inspec certificate of liquor liab	ctor and the head	of the fire depa	rtment for the	above named
<u>Please Check Below:</u>			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	IIII <i>)</i>				
					
DATE:					

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106800007		CITY	OR TOWN	SANDISFI	ELD
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CONNIE'S SILVE	RBROOK CAFÉ	L.L.C.			
DOING BUSINESS A						
ADDRESS 57 SANDI	SFIELD RD.					
CITY/TOWN: SANI	DISFIELD	STATE: M	IA ZI	P CODE:	01255	
MANAGER: D'ANI ANCE	OREA,CONST TYI	PE OF LICENSE	:Restaurant	t Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADD	RESS		」
DESCRIPTION OF L	CENSED PREMIS	SES:				
LOCATED ON SOUT BAR,2 BATHROOMS						ГН
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of	the same type for	the same p	remises now	licensed;	
2. the licensee	has complied with	all laws of the C	ommonwea	alth relating to	o taxes; and	
3. the premise	s are now open for	business (If not e	xplain belo	ow)		
SIGNED BY:						
	Individual, Partner	or Authorized Co	orporate Of	fficer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYER	R IDENTIFICAT	TION NUMBER:
		()	(Note: <u>NOT</u> Individual Social Security Number)			
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	spector and the l	nead of the	fire departi	ment for the	above named
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING TI	HE MONTH OF	F NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)